

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8753

1. PLACE OF DEATH

County

Dorchester

131

Registration Dist. No. 116

Village or City

Cambridge, Md.

No.

St.

Ward

Length of residence in city or town where death occurred

50 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Fannie M. Adams

307 W. End Av.

(Usual place of abode)

If U. S. Veteran, specify WAR

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

George E. Adams

6. DATE OF BIRTH (month, day, and year)

Unknown

7. AGE Years Months Days If LESS than
1 day, _____ hrs.
or _____ min.

About 78

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEKEEPER, etc.

Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Bucktown, Del. Co.

13. NAME

Fannie M. Adams

14. BIRTHPLACE (city or town)
(State or country)

Dorchester Co.

15. MAIDEN NAME

Hannah Hurley

16. BIRTHPLACE (city or town)
(State or country)

Dorchester Co.

17. INFORMANT
(Address)

G. Monroe Adams

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge, Md. Date: Aug 23, 1937

19. UNDERTAKER
(Address)

George E. Albaugh

20. FILED 8-23, 1937 John Pace Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 21, 1937

22. I HEREBY CERTIFY. That I attended deceased from December, 1933, to Aug 21, 1937

I last saw her alive on Aug 21, 1937; death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic diffuse nephritis
myocardial failure May 27
with decomposition

Pulmonary edema Dec 1937

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George M. Pace

(Address) Cambridge, Md. M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 4 1937	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8751

1. PLACE OF DEATH

County DORCHESTER

WITHIN CORPORATE LIMITS OF

24

Registration Dist. No. 116

Village or City CAMBRIDGE

Ward

Length of residence in city or town where death occurred 2 yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Madison Chase, Jr.

If U. S. Veteran, specify WAR

(a) Residence: No. 1800

St. Supt. Ward.

If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
M	Negro	Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
24 yrs.			
If LESS than 1 day, _____ hrs. or _____ min.			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)			
13. NAME Madison Chase, Sr.			
14. BIRTHPLACE (city or town) (State or country)			
15. MAIDEN NAME Hester John			
16. BIRTHPLACE (city or town) (State or country)			
17. INFORMANT Madison Chase (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place Salem Date 8-31, 1937			
19. UNDERTAKER Lewis H. Baumer (Address) Cambridge Md			
20. FILED 8-31, 1937 John Mace Jr. Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August

29

(Month)

1937

(Year)

22. I HEREBY CERTIFY That I attended deceased from

8/13, 1937, to 8/29, 1937.

I last saw deceased alive on 8/29, 1937, death is said
to have occurred on the date stated above, at 8:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

MENINGITIS

(TUBERCULOUS)

8/13/37

Other Contributory Causes of importance:

LEBAR. INFLUENZA

8/13/37

STOOL, TUBERCULOUS

8/13/37

ACUTE CATARACT, CORYNE

8/13/37

Name of operation

None

Date of

What last confirmed diagnosis?

Spinal Pneumonia

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury

19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

H. J. Baumer

(Signed)

M. D.

(Address) Cambridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

RECEIVED	SEP 4 1931

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8755

1. PLACE OF DEATH

County Dorchester

Village or City Near Federalsburg

Registration Dist. No. 110

Length of residence in city or town where death occurred 57 yrs.

No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 6 5 yrs. mos.

2. FULL NAME Anna Elizabeth Clark

(a) Residence: No. Federalsburg, Md., R.F.D. St., Ward.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

George L. Clark

6. DATE OF BIRTH (month, day, end year) December 5, 1864

7. AGE 72	Years 8	Months	Days 26	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Own home
10. Date deceased last worked at this occupation (month and year)	July 1935
II. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)
(State or country) England

13. NAME James Pusey

14. BIRTHPLACE (city or town)
(State or country) England

15. MAIDEN NAME Marian Jones

16. BIRTHPLACE (city or town)
(State or country) England17. INFORMANT George L. Clark
(Address) Federalsburg, Md., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Federalsburg, Md. Date Sept. 3, 1937

19. UNDERTAKER J. J. Frampton & Son
(Address) Federalsburg, Maryland20. FILED Sept. 3, 1937. *Shows Lastings*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 31
(Month) (Day) 1937
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 19, 1931, to Aug. 31, 1937
I last saw her alive on Aug. 30, 1937; death is said
to have occurred on the date stated above at 7:05 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Coronary Thrombosis Aug. 31, 1937*

Date of onset

Other Contributory Causes of Importance:

*Chronic Myocarditis 1930*Name of operation *my* Date of
What last confirmed diagnosis? *Physical* Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Frank W. Lydecker* M. D.(Address) *Federalsburg, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 7 1927
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Example II

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8756

1. PLACE OF DEATH

County DorchesterWITHIN CORPORATE LIMITS BY

24

Registration Dist. No. 116Village or City Cambridge - Maryland HospitalSt. WardLength of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Baby Maria Conway

If U. S. Veteran, specify WAR

(a) Residence: No.

St. Ward

If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>girl</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>				
6. DATE OF BIRTH (month, day, and year) <u>Aug 21 1934</u>				
7. AGE <u>1</u> Years	Months <u>11</u>	Days <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u></u>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>				
10. Date deceased last worked at this occupation (month and year) <u></u>				
11. Total time (years) spent in this occupation <u></u>				
12. BIRTHPLACE (city or town) <u>Cambridge MD</u> (State or country) <u></u>				
13. NAME <u>Sarah Conway</u>				
14. BIRTHPLACE (city or town) <u>Cambridge MD</u> (State or country) <u></u>				
15. MAIDEN NAME <u>Sarah Conway</u>				
16. BIRTHPLACE (city or town) <u>Cambridge MD</u> (State or country) <u></u>				
17. INFORMANT <u>Sarah Conway</u> (Address) <u></u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salon</u> Date <u>Aug 22 1934</u>				
19. UNDERTAKER <u>Lewis J. Blumeyer</u> (Address) <u>Cambridge MD</u>				
20. FILED <u>8-21-1937</u> John Mac. Jr. Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August201937

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1937, to August 20, 1937. I last saw her alive on August 20, 1937; death is said to have occurred on the date stated above, at 7:23 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis meningitisDate of onset Aug 15, 1937

Other Contributory Causes of Importance:

RicketsScrofula

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Data of Injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Lila G. Meredith M. D.
(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	SEP 4 1937	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8757

1. PLACE OF DEATH

County DorchesterWITHIN CORPORATE LIMITS 1448Registration Dist. No. 116Village or City Cambridge & HospitalSt. Cambridge Ward 1

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. 1 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Caleb Colman(a) Residence: No. Washington
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Cambridge Ward 1

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
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5a. If married, widowed, or divorced
HUSBAND of Caleb Colman (or) WIFE of

6. DATE OF BIRTH (month, day, and year)	may 14 th 1902		
7. AGE	Years <u>35</u>	Months <u>3</u>	Days <u>10</u>
	If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>housework</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u></u>		
10. Date deceased last worked at this occupation (month and year)	<u>Aug 23rd</u> 11. Total time (years) spent in this occupation <u>20</u>		

12. BIRTHPLACE (city or town) (State or country)	<u>Dorchester Co. Md.</u>		
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13. NAME <u>John West Pearce</u>			
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14. BIRTHPLACE (city or town) (State or country)	<u>Md.</u>		
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15. MAIDEN NAME <u>Frances (?)</u>			
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16. BIRTHPLACE (city or town) (State or country)	<u>Md.</u>		
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17. INFORMANT (Address)	<u>Frances Elliott (mother)</u>		
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Cambridge, Md.</u> Date <u>8-27, 1937</u>			
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19. UNDERTAKER (Address)	<u>Lewis J. Dayenne</u>		
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20. FILED <u>8-24-37</u> John Mace Jr. Registrar			
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 24, 1937 (Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937, to Aug 24, 1937.I last saw deceased alive on Aug 24, 1937; death is said to have occurred on the date stated above, at 7:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

celiac sprue and post-prandial hemorrhageDate of onset
8/23/37
8/24/37

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. H. Pearce M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	SEP 4 1927
Cerebral hemorrhage	July 5, 1927

BUREAU U. S.

Other contributory causes of importance:	Other contributory causes of importance:
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Other contributory causes of importance:
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8758

1. PLACE OF DEATH

County Baltimore WITHIN CORPORATE LIMITS Registration Dist. No. 116
Village or City Baltimore incorporated ND St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

John Joseph (nurse) Cottman If U. S. Veteran, specify WAR

(a) Residence: No. 1820 St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

me colored
If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year)

Aug 24 1937

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.Self born

8. OCCUPATION

9. Trade, profession, or particular
kind of work done, as SPINNER, —
SAWYER, BOOKKEEPER, etc.10. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Baltimore incorporated

13. NAME

John Joseph Cottman

14. BIRTHPLACE (city or town)

(State or country)

Baltimore incorporated

15. MAIDEN NAME

John Joseph Cottman

16. BIRTHPLACE (city or town)

(State or country)

Baltimore incorporated

17. INFORMANT

nurse

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cordova Date 7-27-1937

(Address)

19. UNDERTAKER

Lewis St. Barber
Baltimore, Md

(Address)

20. FILED

8-24-1937 John Mace Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 24
(Month)
(Day), 1937
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 24, 1937, to Aug. 24, 1937I last saw deceased Aug. 24, 1937; death is said to have occurred on the date stated above, et in.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture of heart Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) P. H. Tamm M. D.(Address) Baltimore, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 4 1937	July 5, 1927
BUREAU V.		
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis

Example II

The principal cause of death and related causes of importance were as follows:

		Date of onset
		Attack of epilepsy
		1 week ago
		Run over by street car
		1 week ago
		Peritonitis
		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*For authorization to change father's mother's last name see
birth cert. and death fields Standard Forms 9/10/37*

STATE OF MARYLAND—CERTIFICATE OF DEATH

8759

1. PLACE OF DEATH

County DORCHESTER

95-B

Registration Dist. No. 610

Village or City HURLOCK

ND.

St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

MARY AGUSTA CROWN

If U. S. Veteran, specify WAR

(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

WALTER JAMES CROWN

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
60		10	✓	1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	Housewife		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town)
(State or country)13. NAME
Joseph Reed14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME
MARY F. ATKINS16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place: EAST NEW MARKET Date: 8/25, 193719. UNDERTAKER
(Address)

20. FILED 8/25/1937 CLW/last

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

8 (Month) 23 (Day), 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

8/23, 1937, to 8/23, 1937; death is said

to have occurred on the date stated above, at 1 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Robbery from victim
of the out
& had not previously attended
this woman & found
her on floor dead

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) George Moore M. D.

(Address) 26 Market St. Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 7 1927	July 5, 1927

BUREAU U. S.

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8760

1. PLACE OF DEATH

County

Overheller

WITH CORPORATE LIMITS OF

Registration Dist. No.

116

Village or City

Cambridge

No. Cambridge, Md., St.

Ward

Length of residence in city or town where death occurred

Lifeyrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs.

mos.

ds.

2. FULL NAME

Charles Davis

(a) Residence: No.

1111 1/2 1st

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colck

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

Nov 19 - 1919

7. AGE

Years

Months

Days

If LESS than

1 day, _____ hrs.
or _____ min.

17

8

27

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.

Same work

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER

FATHER

Charles Davis

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Mary Jackson

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT
(Address)Charles Davis
1111 1/2 1st

18. BURIAL, CREMATION, OR REMOVAL

Place: Reids Grove, Md. Date: Aug 18, 1937

19. UNDERTAKER
(Address)F. B. Willey
Starlock, Md.

20. FILED: 8-16, 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug - 16
(Month) (Day)1937
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

8/11, 1937, to 8/15, 1937; death is said

I last saw him alive on 8/15, 1937; to have occurred on the date stated above, et al. a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Septic fever

Date of onset

Other Contributory Causes of Importance:

Name of operation: m Date of: m

What test confirmed diagnosis: m Wes there an autopsy? m

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? m Date of injury: 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: m

Nature of injury: m

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: m

(Signed)

(Address)

John Mace Jr.
Cambridge, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 4 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8761

1. PLACE OF DEATH

County Dorchester 117-2
 Village or City Hopewell, Md Registration Dist. No. 115
 St. St. Ward Ward
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Brady Dunn

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. St. Ward Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofOda Booze

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years <u>54</u>	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
--------	-----------------	--------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

July 1937 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town)
(State or country)13. NAME M. H. Dunn14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Jane Twiss16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hopewell, Md Date Aug 4, 193719. UNDERTAKER
(Address)Frank E. Althaus
Crommings, Md20. FILED Aug 4, 1937 James W. Mease
LOCAL Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 2
(Month)
1937
(Day)
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 2, 1937 to Aug 2, 1937; death is said to have occurred on the date stated above, at 3:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Internal hemorrhage
due to an ulcer of the
stomach
Aug 6, 1937
Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) P. H. Sawyer M. D.
(Address) Cambridge, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	CEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 7 1927	July 5, 1927

Other contributory causes of importance:	RECEIVED V. S.	
Gallstones		May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8762

1. PLACE OF DEATH

County Dorchester

WITHIN CORPORATE LIMITS OF

46-8

Registration Dist. No. 116

Village or City Cambridge

St.

Ward

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Indiana Snapp(a) Residence: ND. 53 Sample
(Usual place of abode)

If U. S. Veteran, specify WAR

St. 0 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

Colored

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofIsrael Snapp

6. DATE OF BIRTH (month, day, and year)

March 15 1866

7. AGE

Years 71 Months 4 Days 20 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Jan 193111. Total time (years)
spent in this
occupation 5012. BIRTHPLACE (city or town)
(State or country)Somerset Co MD14. BIRTHPLACE (city or town)
(State or country)Somerset Co MD

15. MAIDEN NAME

Esther (P)16. BIRTHPLACE (city or town)
(State or country)Somerset Co MD17. INFORMANT Evelyn Dorst
(Address) 53 Sample St18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Cem. Cambridge Date Aug 13 193119. UNDERTAKER Levi St. Raymond
(Address) Cambridge20. FILED 8-13 1931 John Macay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August10193722. I HEREBY CERTIFY. That I attended deceased from
9st 1931 to Aug 10 1937I last saw him alive on August 10 1937; death is said
to have occurred on the date stated above, Aug 10 1937The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Carcinoma of LiverDate of onset
2-1-37

Other Contributory Causes of Importance:

Name of operation None Date of NoneWhat test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify _____

(Signed) Angie Mastear M. D.(Address) 53 Sample St

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	27	1915
Chronic interstitial nephritis	SEP 4 1937	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8763

1. PLACE OF DEATH

County Dorchester

WITHIN CORPORATE LIMITS OF

46-B

Registration Dist. No. II6

Village or City Cambridge

X

St.

Ward

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles I. Harris.

If U. S. Veteran, specify WAR No

(a) Residence: No. 401 Academy Street.

St. 4 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
-------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susie Rickett.

6. DATE OF BIRTH (month, day, and year) 6/15/1876

7. AGE 61	Years	Months I	Days 26	If LESS than 1 day, hrs. or min.
-----------	-------	----------	---------	----------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Dirt

10. Date deceased last worked at this occupation (month and year) 7/25/37

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (city or town) Madison, Md.

13. NAME Not Known

14. BIRTHPLACE (city or town) X

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) X

17. INFORMANT Mrs Susie Harris.
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date 8/13/37. 19.19. UNDERTAKER Granville S. LeCompte
(Address) Cambridge Maryland.

20. FILED 8-13-1937 John M. J. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 11th,

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from 3/4/1937 to AUGUST 11, 1937. I last saw him alive on AUGUST 11, 1937; death is said

to have occurred on the date stated above, at 1:30 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

ALKALOSIS

INANITION

CARCINOMA OF STOMACH
PRIMARY (DUODENUM) ?

Other Contributory Causes of importance:

INANITION ?

Name of operation NONE Date of

What test confirmed diagnosis GASTRIC ANALYSIS Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: NONE

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) M. J. R. M. D.
(Address) Cambr. Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 4 1927	1915
Cerebral hemorrhage		1921

BUREAU U. S.

Other contributory causes of importance:

Gallstones

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8764

1. PLACE OF DEATH

County Daerchestræ Co131
WITHIN CORPORATE LIMITSRegistration Dist. No. 1Village or City Fairfield England

No.

St. 1 Ward 1

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME isaac Hallis(a) Residence: No 128 Washington Cambridge

(Usual place of abode)

(Hollis)

If U. S. Veteran, specify WAR

St. 2 Ward 2

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

mal calum

4. COLOR OR RACE

black5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

6/4/19 8 20If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

John Hallis13. NAME John Hallis

(State or country)

14. BIRTHPLACE (city or town)

(State or country)

John Hallis15. MAIDEN NAME John Hallis

16. BIRTHPLACE (city or town)

(State or country)

John Hallis17. INFORMANT John Hallis
(Address) Cambridge Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date Aug 22 1919. UNDERTAKER Lewis H. Barnes
(Address) Cambridge Rd20. FILED 8-21-19 John Hallis
Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

8 17, 1937 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

6-3, 1937, to 8-17, 1937. I last saw him alive on 8-13, 1937; death is said

to have occurred on the date stated above, at 10 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis pneumonia

Date of onset

7-20-1937

Other Contributory Causes of importance:

Cardio renal
arteriosclerosis

Name of operation _____ Data of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Data of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Natura of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

M. D. J. S. Barnes
(Address) 212 Pine St, Cambridge Rd

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	SEP 4 1937	1921

Other contributory causes of importance:	MIREAU V. S.
--	--------------

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
--	--

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8765

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge

Length of residence in city or town where death occurred

yrs.

mos.

27

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 110

Ward

No. Eastern Shore State Hospital

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Archibald Webster Horne(a) Residence: No. Graysonville St., Ward Graysonville Nea.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofVerian Tolson

6. DATE OF BIRTH (month, day, and year)

July 5, 1914

7. AGE

Years 23

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

July 5, 1937

29

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MIL
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) May (or) 193711. Total time (years)
spent in this
occupation 5 yrs.12. BIRTHPLACE (city or town)
(State or country)13. NAME John T. Wayne14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Bertha Kelley16. BIRTHPLACE (city or town)
(State or country)17. INFIRMARY Baltimore Recov.
(Address) Baltimore Recov. Inst. Bldg.18. BURIAL, CREMATION, OR REMOVAL
Place Centreville Date Aug 5, 193719. UNDERTAKER B. C. Jones
(Address) Centreville, Md.20. FILED 8-5 1937 pls. make up.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug
(Month)3
(Day)1937
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 6, 1937 to Aug 3, 1937I last saw deceased alive on Aug 3, 1937; death is said
to have occurred on the date stated above at 2:38 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Acute cardiac dilatation Aug 3, 1937
following violent muscular
exertion and exertion

Other Contributory Causes of Importance:

Marie Hypertensive Psychosis May
Neurosis Phase 1937

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Robert B. Jones M.D.(Address) Caroline, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

SEP 4 1937

Other contributory causes of importance:

Gallstones	BUREAU V. S.
------------	--------------

Date of onset

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Example II

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8766

1. PLACE OF DEATH

County DorchesterVillage or City East New MarketRegistration Dist. No. III

59

Length of residence in city or town where death occurred 73 yrs. 6 mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Caroline Jenkins(a) Residence: No. East New Market, Md.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
----------------------	---------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam A. Jenkins6. DATE OF BIRTH (month, day, and year) August 3, 1864

7. AGE <u>73</u>	Years	Months <u>0</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House work</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Own home</u>	
10. Date deceased last worked at this occupation (month and year) <u>June 1, 1937</u>	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (city or town) Dorchester County
(State or country) Maryland13. NAME John Banks14. BIRTHPLACE (city or town) Dorchester County
(State or country) Maryland15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country) 17. INFORMANT William A. Jenkins
(Address) East New Market, Md.18. BURIAL, CREMATION, OR REMOVAL
Place East New Market, Md. Aug. 12, 193719. UNDERTAKER J. J. Frampton & Son
(Address) Federalsburg, Maryland20. FILED Aug 12, 1937 - H.E. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 9, 1937

22. I HEREBY CERTIFY. That I attended deceased from

, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 8:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Diabetes mellitus.

Data of onset

Other Contributory Causes of importance:

Aortic insufficiencyName of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

* Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. J. Frampton M. O.(Address) Federalsburg, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8767

1. PLACE OF DEATH

County DorchesterVillage or City East Dorue Shore State Hospital, Cambridge, Md. No. 116 Registration Dist. No. 116 Ward Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 17 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Henry Frank Jester(a) Residence: No. Jesterville, Md. St. Wic. Co.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

12/14/97

7. AGE

39

Years

8

Months

Days

16

If LESS than

1 day, 0 hrs.or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

8/12/37

11. Total time (years) spent in this occupation

12

12. BIRTHPLACE (city or town)

(State or country)

JestervilleWic. Co., Md.

MOTHER FATHER

13. NAME

John F. Jester

14. BIRTHPLACE (city or town)

(State or country)

JestervilleWic. Co., Md.

15. MAIDEN NAME

Mary Ingerson

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

The deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Plece Jesterville, Md. Date Sept 3, 1937

19. UNDERTAKER

Mr. B. Jester & Sons

(Address)

20. FILED

8-31 1937John Grace Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 30, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

August 13, 1937 to August 30, 1937I last saw him alive on August 30, 1937 death is said to have occurred on the date stated above, at 3:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute cardiac dilatation

Date of onset

8/30/37

Other Contributory Causes of Importance:

Exhaustion from mental disease8/13/37

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Renewal of Jester

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

1915

1921

July 5, 1927

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

RECEIVED

SEP 4 1937

Other contributory causes of importance:

Gallstones

BUREAU U. S.

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

1 week ago

1 week ago

3 days ago

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8768

1. PLACE OF DEATH

County

Dorchester

WITHIN CORPORATE LIMITS *46-3*

Registration Dist. No. 116

Village or City

Cambridge Md. No. Cambridge Md Hospital

Ward

Length of residence in city or town where death occurred

yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Ernest A. Jones

(a) Residence: No.

Race St

St.,

Ward.

If U. S. Veteran, specify WAR

no

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Maggie Shuter

6. DATE OF BIRTH (month, day, and year)

10-11-1891

7. AGE

Years

45

Months

10

Days

3

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

1937

Geo. W. Operator
Filling Station11. Total time (years)
spent in this
occupation 16

12. BIRTHPLACE (city or town)

(State or country)

Taddeville Md

13. NAME

(State or country)

Ernest A. Jones

14. BIRTHPLACE (city or town)

(State or country)

Taddeville Md

15. MAIDEN NAME

(State or country)

Gannie Todd

16. BIRTHPLACE (city or town)

(State or country)

Taddeville Md

17. INFORMANT

(Address)

Ernest A. Jones

18. BURIAL, CREMATION, OR REMOVAL

Place

East New Market Rd. 8/16 1937

19. UNDERTAKER

(Address)

The Casket
Cambridge Md

20. FILED

(Address)

8-16 1937 John Mall Jr.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 14

(Month)

(Day)

1937
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 11, 1937, to Aug 14, 1937

I last saw him alive on Aug 14, 1937; death is said
to have occurred on the date stated above, at 2.30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Cancer of rectum — with
ulceration followed
by perforation
ischiorectal abscess
Acute diffuse peritonitis

Other Contributory Causes of Importance:

Name of operation Drainage of abscess Date of Aug 11, 1937

What test confirmed diagnosis? Gastro Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) John Mall Jr. M. D.

(Address) Cambridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	SEP 4 1927
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8769

1. PLACE OF DEATH

County. Orange
Village or City. CambridgeWITHIN CORPORATE LIMITS 159Registration Dist. No. 106

Length of residence in city or town where death occurred.

yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

No. Maternity Hospital

St. Ward

(If death occurred in a hospital or institution, give its NAME, instead of street and number)

2. FULL NAME

(a) Residence: No.

Infant Kelly
Galesborow Md

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED. (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofNone

6. DATE OF BIRTH (month, day, end year)

Aug - 8 - 1937

7. AGE

Years

Months

Days

If LESS than
1 day, 1 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.None10. Date deceased last worked at
this occupation (month and
year)None11. Total time (years)
spent in this
occupationNone12. BIRTHPLACE (city or town)
(State or country)Orange Md

MOTHER FATHER

13. NAME

Orren Kelly14. BIRTHPLACE (city or town)
(State or country)Orange Md

15. MAIDEN NAME

Marjorie Binsford16. BIRTHPLACE (city or town)
(State or country)None

17. INFORMANT

(Address)

Orren KellyGalesborow Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Galesborow MdDate 8-9-37

19. UNDERTAKER

(Address)

Orren Kelly (Father)Galesborow Md

20. FILED

Date

8-9-37John Grace Jr.

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug - 8

(Month)

(Day)

1937
(Year)

22. HEREBY CERTIFY. That I attended deceased from

on 8/8, 1937, to 8/8, 1937I last saw him alive on 8/8, 1937; death is saidto have occurred on the date stated above, at 7:40 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Maternity - 7 months

Date of onset

Other Contributory Causes of importance:

Promotion rupture of membranes
(3 days from birth)Name of operation none Date of noneWhat test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury none, 1937

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Infant(Signed) John Kelly(Address) Cambridge Md

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	REIVED	1915
Chronic interstitial nephritis	SEP 4 1937	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8770

1. PLACE OF DEATH

County

Worcester WITHIN CORPORATE LIMITS OF (B6)Registration Dist. No. *MS 146*

Village or City

Cambridge

St., Ward

Length of residence in city or town where death occurred

yrs. 3 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

No.

2. FULL NAME

Phyllis Kinnison

If U. S. Veteran, specify WAR

(a) Residence: No.

301 Bayne St.

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

May 19 1936

7. AGE

Years 1 Months 3 Days 8 If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Cambridge

13. NAME

Bruce S. Kinnison

14. BIRTHPLACE (city or town)
(State or country)

Cambridge

15. MATURE NAME

Caroline Taylor

16. BIRTHPLACE (city or town)
(State or country)

Cambridge, Md.

17. INFORMANT

Bruce S. Kinnison

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cambridge Aug 29, 1937

Place

Date

19. UNDERTAKER

Bennett R. Horan

(Address)

Cambridge, Md.

20. FILED

Aug 28, 1937 John Grace Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 27

(Month)

(Day)

1937
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 26, 1937, to Aug 27, 1937
I last saw her alive on Aug 27, 1937; death is said
to have occurred on the date stated above, at 6:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Principal cause of death: *Concussions* Date of onset: Aug 26
Cause unknown Date: 10/12/37Other Contributory Causes of importance:
Primary cause of the convulsions: Unknown
Cause unknown Date: 10/12/37Name of operation: *none* Date of:What test confirmed diagnosis: *none* Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *John Grace Jr.* M. D.
(Address) *Cambridge, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	SEP 4 1927	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8771

1. PLACE OF DEATH

County DorchesterWITHIN CORPORATE LIMITS ofRegistration Dist. Nd. 116Village or City CambridgeSt. Ward Length of residence in city or town where death occurred 4 yrs. 4 mos. 17 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos.2. FULL NAME James Lane(a) Residence: Nd. 47 Robins

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE colored5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) February 10 1937

7. AGE

Years 4Months 17Days If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town)
(State or country) 47 Robins StCambridge Md

MOTHER FATHER

13. NAME James Henry14. BIRTHPLACE (city or town)
(State or country) No15. MAIDEN NAME Hattie Camper16. BIRTHPLACE (city or town)
(State or country) MD17. INFORMANT Hattie Lane
(Address) 47 Robins St

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date 8-28-193719. UNDERTAKER Lewis H. Daupreum
(Address) Cambridge Md20. FILED 8-28-1937 John Mace Jr.
Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 27

(Month)

(Day)

1937 (Year)22. I HEREBY CERTIFY, That I attended deceased from August 13, 1937, to August 27, 1937I last saw him alive on August 26, 1937; death is said to have occurred on the date stated above, at 9:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute EnteritisDate of issue 8-13-37

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis? stomach Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carroll West Clark M. D.
(Address) 2110 Cedar St

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	SEP 4 1937
Chronic interstitial nephritis	BUREAU V. S.
Cerebral hemorrhage	

Example II

The principal cause of death and related causes of importance were as follows:

		Date of onset
		1915
		1921
		July 5, 1927

Other contributory causes of importance:

		Date of onset
Gallstones		May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See letter or file under Name and birth certificate on file

11/23/37

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8772

1. PLACE OF DEATH

County Dorchester
Village or City Near Hurlock

Registration Dist. No. 110

St. Ward

Length of residence in city or town where death occurred 1 yrs. 7 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Randolph McGrath

(a) Residence: No. Hurlock, Md. R.F.D.
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 3, 1936

7. AGE Years 1	Months 7	Days 1	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester County
(State or country) Md.

13. NAME Clarence McGrath

14. BIRTHPLACE (city or town) Brooklyn
(State or country) New York

15. MIDDLE NAME Florence Washington

16. BIRTHPLACE (city or town) Dorchester County
(State or country) Md.17. INFORMANT Clarence McGrath
(Address) Hurlock, Maryland, R.F.D.18. BURIAL, CREMATION, OR REMOVAL
Place Skinner's Run, Md. Date Aug. 6, 193719. UNDERTAKER J. J. Frampton & Son
(Address) Federalsburg, Maryland20. FILED Aug. 6, 1937 Reg. No. Hasbrouck
Registration

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 4, 1937
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Aug. 1, 1937, to Aug. 4, 1937. I last saw him alive on Aug. 3, 1937, at 3:15 p.m. death is said to have occurred on the date stated above, at 3:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) *J. J. Dagon* M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
<i>RECEIVED</i> SEP 7 1927 <i>BUREAU</i>	
Other contributory causes of importance: 5.	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8773

1. PLACE OF DEATH

County

Dorchester

WITHIN CORPORATE LIMITS OF

183

Registration Dist. No.

116

Village or City

Cambridge Md

St. Ward

Length of residence in city or town where death occurred

4

yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Thomas E. Murphy

St.

Ward.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male white married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Burtha Jones

6. DATE OF BIRTH (month, day, and year)

68

OCCUPATION

7. AGE

Years Months Days

If LESS than
1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Todmorden

MOTHER FATHER

13. NAME

John O. Murphy

14. BIRTHPLACE (city or town)
(State or country)

Todmorden

15. MAIDEN NAME

Martha Jones

16. BIRTHPLACE (city or town)
(State or country)

Todmorden

17. INFORMANT

(Address)

Mrs. Burtha Murphy

18. BURIAL, CREMATION, OR REMOVAL

Place

Cambridge Md

Date Aug 27, 1937

19. UNOERTAKER

(Address)

Frank E. Albaugh

Cambridge Md

20. FILED

(Address)

8-27, 1937

1937

John Mace Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 25th

(Month)

19

30

1937

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

1919, 10, 29, 1937, as Coroner's Phys. death is said
to have occurred on the date stated above, at ____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:There was no boat involved. Could be
over 1; accidentally
This man left his house presumably to take a walk
on August 25th. His body was found in Cambridge Creek
on the following day. The Coroner inquired and inquest.
Other Contributory Causes of importance: as the death was considered ac-
cidental.

There were no witnesses to his death.

Name of operation _____ Date of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ M. O. _____

(Signed)

(Address) _____

John Mace Jr.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 4 1937	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8774

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge

93-2

Registration Dist. No. 116

Ward

Easton Shore State Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Payne

(a) Residence: No. Harlock Md.

(Usual place of abode)

St. Ward.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Female	White	Widowed		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Payne				
6. DATE OF BIRTH (month, day, and year) 10/27/45				
7. AGE	Years 91	Months 10	Days 18	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife			
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
	10. Data deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) East New Market (State or country) Md.				
MOTHER	13. NAME Zorro Mabel Kearne			
FATHER	14. BIRTHPLACE (city or town) Sheepstown (State or country) Md.			
15. MAIDEN NAME Elizabeth Craft				
16. BIRTHPLACE (city or town) Vienna (State or country) Md				
17. INFORMANT Hospital records				
18. BURIAL, CREMATION, OR REMOVAL Place Brookview, Md. Date 8-16, 1937				
19. UNDERTAKER F. B. Willoughby (Address) Harlock, Md.				
20. FILED 8-16, 1937 by John C. Smith Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 14, 1937
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to August 14, 1937. I last saw her alive on August 13, 1937; death is said to have occurred on the date stated above, at 8:00 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocarditis
Generalized arteriosclerosis

Other Contributory Causes of importance:

Exhaustion from
mental disease

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Kenneth D. Jones, M. D.
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 6, 1927

RECEIVED
SEP 4 1937

Other contributory causes of importance:

May 1, 1923

Gallstones

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Cambridge WITHIN CORPORATE LIMITS ✓ (13)

Registration Dist. No. 116

Village or City Cambridge

St. Ward

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? 0 yrs. mos. ds.

2. FULL NAME Edward A. Clark

(a) Residence: No. 6 West End ave St.

(Usual place of abode)

If U. S. Veteran, specify WAR no

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Carrie Moshier

6. DATE OF BIRTH (month, day, and year)

2-9-1868

7. AGE

Years <u>69</u>	Months <u>6</u>	Days <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Manufacturer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Shoe cloth

10. Date deceased last worked at this occupation (month and year)

8/14/37

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town)
(State or country)

Brenton N.Y.

13. NAME Edward A. Clark14. BIRTHPLACE (city or town)
(State or country)

England

15. MAIDEN NAME Mary Ann Roberts16. BIRTHPLACE (city or town)
(State or country)

England

17. INFORMANT Clarissa Clark

Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Cremated 8/25/37

19. UNDERTAKER G. L. Coe

Cambridge, Md.

20. FILED 8-22-37

John Macay

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 23

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 29, 1936, to Aug 23, 1937.

I last saw him alive on Aug 23, 1937; death is said to have occurred on the date stated above, at 2:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypertensive C. O. P. Disease Date of onset
Chronic myocardial failure Aug 36
Acute myocardial failure Aug 23, 1937
with decompression Aug 23, 1937
Fatal pulmonary edema Aug 23, 1937

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury None

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wylie M. Fair M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU U. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8776

1. PLACE OF DEATH

County Dorchester

107-1

Registration Dist. No. 110Village or City near Hurlock

St.

Ward

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Howard Pender(a) Residence: No. Hurlock

(Usual place of abode)

If U. S. Veteran, specify WAR

St. 0 Ward. 0

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 14 1937

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

6

9

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Hurlock
Md

MOTHER

FATHER

13. NAME Woodland Pender14. BIRTHPLACE (city or town)
(State or country)Hurlock
Md

15. MAIDEN NAME

Carrollia Jones16. BIRTHPLACE (city or town)
(State or country)Hurlock
Md17. INFORMANT Woodland Pender
(Address) Hurlock Md

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Cem. Alley Date Aug 14, 1937

19. UNDERTAKER

F. B. McElroy & Son
Hurlock Md20. FILED 8/14/371937 Chas. W. Eastman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

8
(Month)13
(Day)1937
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

8/9 1937, to 8/15 1937

I last saw him alive on 8/12 1937; death is said
to have occurred on the date stated above, at 2 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Broncho-pneumonia

Date of onset

The broncho-pneumonia was primary. Cause

Other Contributory Causes of importance:

There was no associated disease.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 1937

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Roger Myers
(Address) Hurlock Md M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 7 1937	July 5, 1927
<i>BUREAU V. S.</i>		
Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8777

1. PLACE OF DEATH

County Dorchester

119

Registration Dist. No. 116Village or City LinkwoodSt. WardLength of residence in city or town where death occurred 3 yrs. 3 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Emerson Reddout(a) Residence: No. Heckaburg

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>eng</u>
-----------------	-----------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) <u>April 24 1937</u>	7. AGE Years <u>3</u>	Months <u>7</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
---	---

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Linkwood
(State or country) Md13. NAME Emerson Reddout
14. BIRTHPLACE (city or town) Salem
(State or country) N.Y.15. MAIDEN NAME Barbara Stewart
16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Emerson Reddout
(Address) Linkwood Md18. BURIAL, CREMATION, OR REMOVAL Crem.
Place Cordova Conn. Date Aug. 3, 193719. UNDERTAKER Levins & Dauphin
(Address) Cards Md.20. FILED 8-3, 1937 John Macay Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 1(Month) 1, 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 30, 1937, to August 1, 1937.
Last saw Emerson Reddout alive on July 30, 1937; death is said to have occurred on the date stated above at 2:14 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute EnteritisDate of onset
7-22-37

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Carroll M. St. Clair M. D.(Address) 111 & 113 St. Clair St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows: **SILVER**

RECEIVED
Arteriosclerosis
Chronic interstitial nephritis SEP 4 1887
Cerebral hemorrhage
BUREAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8778

1. PLACE OF DEATH

County WorcesterVillage or City Hooper's MillLength of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? years. mos. ds.2. FULL NAME Thomas Lillie Rippons(a) Residence: No. Hooper's Mill
(Usual place of abode)Registration Dist. No. 112St. WardNo. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR NoSt. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHarriet Anna Tyler

6. DATE OF BIRTH (month, day, and year)

Oct 14 1858

7. AGE

78

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

86/10

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town)

(State or country)

Lakesvillemd

MOTHER FATHER

13. NAME

John Rippons

14. BIRTHPLACE (city or town)

(State or country)

Lakesvillemd

15. MAIDEN NAME

Mary Margaret Wallace

16. BIRTHPLACE (city or town)

(State or country)

Lakesvillemd

17. INFORMANT

(Address)

Zenia ScottHooper's Mill, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hooper's Mill Date Aug 10, 1937

19. UNDERTAKER

(Address)

G. S. SeemplerCambridge, Md

20. FILED

(Address)

Aug 8, 1937 James W. Meader

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 8
(Month)1937
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Health withered medical attendI last saw him alive on Aug 5, 1937; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cancer - Renal - Vascular disease with Hypertension and ArteritisSclerosis 40Other Contributory Causes of Importance:
Coronary Occlusion 10 min.Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury None, 19 NoneWhere did Injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None LOCAL(Signed) James W. Meader Registrar M. D.(Address) Fishing Creek, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

RECEIVED
SEP 7 1937
SEAL

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

8779

1. PLACE OF DEATH

County DorchesterWITHIN CORPORATE LIMITS ¹⁵⁹Registration Dist. No. 116Village or City CambridgeNo. Cambridge St. WardLength of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Edgar Reask(a) Residence: No. Taylor's Island
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Aug 21, 1937

7. AGE

Years

Months

Days

If LESS than
1 day
or 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.no job9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Cambridge, Md.

MOTHER FATHER

13. NAME Edgar Reask14. BIRTHPLACE (city or town)
(State or country)Taylor's Island15. MAIDEN NAME Lena Landau16. BIRTHPLACE (city or town)
(State or country)Wa.17. INFORMANT Edgar Reask(Address) Taylor's Island

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date Aug 21, 193719. UNDERTAKER Disposed of at Cambridge
(Address) and sleep20. FILED Aug 21, 1937 John Meech
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 21
(Month) (Day) 1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug 21, 1937 to Aug 21, 1937I last saw him alive on Aug 21, 1937; death is said
to have occurred on the date stated above, at 7:15 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Premature birth
(Spontaneous abortion)

Other Contributory Causes of importance:

Probably I.B. has been
in state penitentiary
for past few months

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. J. Merriam(Address) Cambridge, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	SEP 4 1927	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8780

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge

WITHIN CORPORATE LIMITS OF

210-m

Registration Dist. No. 116

Length of residence in city or town where death occurred Life mos. ✓ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Alex Seymour
(Usual place of abode) Cambridge, Md. St.

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

m 4. COLOR OR RACE cae5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofLillian Seymour

6. DATE OF BIRTH (month, day, end year)

Mar 20 1901

7. AGE

Years 36 Months 3 Days 7 If LESS than
1 day, _____ hrs.
or _____ min.

21. DATE OF DEATH

Aug 27, 1937 (Month) 27 (Day), 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 27, 1937, to Aug 27, 1937.I last saw him alive on Aug 27, 1937; death is said
to have occurred on the date stated above, et 10 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Automobile accident
Fractured skull & broken
jaw, right arm and
right finger, etc. other
cuts & bruises.

Date of onset

Aug 26, 1937

Other Contributory Causes of importance:

The automobile accident occurred on the State Road,
midway between Cambridge & Church Creek, in Dorchester
County, Maryland, August 26th, 1937.

Date of

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Laborer9. Industry or business in which
work was done, as SILK MILL,

SAW MILL, BANK, etc.

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Cambridge
Maryland

13. NAME

Alex Seymour

14. BIRTHPLACE (city or town)

Cambridge
Md.

15. MAIDEN NAME

Susie Henderson

16. BIRTHPLACE (city or town)

Cambridge
Md.

17. INFORMANT

Budda Seymour

(Address)

Cambridge
Md.

18. BURIAL, CREMATION, OR REMOVAL

Melton Date Aug 29, 1937

Place

(Address)

19. UNDERTAKER

Levitt & Baumer

(Address)

Cambridge
Md.

20. FILED

8-28-37 1937 (Address)

1937 (Address)

John Mace Jr.

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Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8781

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge St # 2Registration Dist. No. 116

St.

Ward

Length of residence in city or town where death occurred

yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 116 sharp sharp Hill

(Usual place of abode)

If U. S. Veteran, specify WAR

St. 116 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

femalecol.single

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

aug 19 1934

7. AGE

Years still Months Days DaysIf LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

MOTHER

FATHER

13. NAME Mildred Sharp

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME Mildred Sharp

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Caledon Date Aug 21 19

19. UNDERTAKER

(Address)

20. FILED

S-21 1937 John Macrae
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 19 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY that I attended deceased from

I last saw him Aug 19 1937; death Aug 19 1937; death Aug 19 1937to have occurred on the date stated above, at Cambridge in Md. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Premature birth

Other Contributory Causes of importance:

MoraxinusName of operation None Date 1937What test confirmed diagnosis None Was there an autopsy None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury 1937

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8782

1. PLACE OF DEATH

County

Dorchester

46C

Registration Dist. No.

116

Village or City

Cambridge R.F.D. 1

St.

Ward

Length of residence in city or town where death occurred

35

yr.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

William John Sherman

If U. S. Veteran, specify WAR

Race St. Ext.

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mable C. Sherman

6. DATE OF BIRTH (month, day, and year)

Nov. 4th, 1873

7. AGE

Years
63Months
9Days
3If LESS than
1 day, _____ hrs.
or _____ min.

Farmer

OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

1935

11. Total time (years)
spent in this
occupation

45

12. BIRTHPLACE (city or town)

(State or country)

Bucktown

Dor. Md.

MOTHER FATHER

13. NAME

Farmer W. Sherman

14. BIRTHPLACE (city or town)

(State or country)

East New Market

Md.

15. MAIDEN NAME

Martha Hurley

16. BIRTHPLACE (city or town)

(State or country)

Dor. Co. Md.

17. INFORMANT

(Address)

Mrs. Sherman W. J.

18. BURIAL, CREATION, OR REMOVAL

Place

Date Aug 9, 1937

19. UNDERTAKER

(Address)

Kenneth P. Thomas

Cambridge, Md.

20. FILED

S-9

1937

John Grace Jr.

Registrar

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

21. DATE OF DEATH

AUGUST

7

(Month)

1937

(Year)

22. I HEREBY CERTIFY, That I attended deceased from
APRIL 17, 1937, to AUGUST 7, 1937.I last saw him alive on AUGUST 7, 1937; death is said
to have occurred on the date stated above, at 8:05 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

GENERALIZED

CARCINOMATOSIS

Date of onset
1935Adeno-carcinoma. Primary seat: descending
colon, at splenic flexure. Gastro
Duration: Approximately, two years.

Other Contributory Causes of importance:

INANITION

Name of operation: EXPLORATORY LAPAROTOMY
Date of operation: March 1936

What test confirmed diagnosis? FOLYX Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following: NO

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed)

M. J. Bunting
Cambridge, Md.

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

SEP 4 1927

Other contributory causes of importance:

Gallstones	RECEIVED	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8783

1. PLACE OF DEATH

County DorchesterVillage or City East New Market

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Smith(a) Residence: No. 5

(Usual place of abode)

No.

Registration Dist. No. 11St. 11 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>married</u>
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5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct. 15. 1870

7. AGE <u>67</u> Years	Months <u>11</u>	Days <u></u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House work</u>	11. Total time (years) spent in this occupation
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12. BIRTHPLACE (city or town)
(State or country) MD13. NAME Freely H. Elsby14. BIRTHPLACE (city or town)
(State or country) MD15. MAIDEN NAME Helen Hensel16. BIRTHPLACE (city or town)
(State or country) MD17. INFORMANT James H. Smith
(Address) East New Market18. BURIAL, CREMATION, OR REMOVAL
Place East New Market Date Aug 25, 193719. UNDERTAKER H. H. Weller & Sons
(Address) East New Market20. FILED Aug 25 1937 H. E. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8/21/1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

8/20, 1937, to 8/21, 1937; death is saidto have occurred on the date stated above, at 12 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic Myocarditis & Diabetes mellitus

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) R. Rose Myers M. D.(Address) St. Louis, Mo.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	SEP 6 1927	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8784

1. PLACE OF DEATH

County Dorchester 948
Village or City Secretary

Registration Dist. No. 111

St.,

Ward

Length of residence in city or town where death occurred yr. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Andrew M Sard(a) Residence: No. 24Home
(Usual place of abode)St., 10 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (*using the word*) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMrs Andrew Sard6. DATE OF BIRTH (month, day, and year) April 2 1887

7. AGE

Years 50Months 4

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationProduce Buyer12. BIRTHPLACE (city or town)
(State or country) MD13. NAME Benjamin Sard14. BIRTHPLACE (city or town)
(State or country) MD15. MAIDEN NAME Margaret Hartford16. BIRTHPLACE (city or town)
(State or country) MD17. INFORMANT
(Address) Secretary18. BURIAL, CREMATION, OR REMOVAL
Method Burial Date Aug 20, 193719. UNDERTAKER
(Address) W. H. Vaughan & Sons20. FILED Date Aug 21, 1937 Registrar H. E. Parker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

8 (Month) 18 (Day), 1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

7/31, 1937, to 8/18, 1937

I last saw him alive on 8/18, 1937; death is said
to have occurred on the date stated above, at 5:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Coronary occlusion

Date of onset

Other Contributory Causes of importance:

Name of operator _____ Date of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Roger Myers M. D.(Address) 711 W. 10th St., Baltimore, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis	RECEIVED	Date of onset 1921
Cerebral hemorrhage	RECEIVED	Date of onset July 5, 1927
	SEP 8 1927	
Other contributory causes of importance:		
Gallstones	RECEIVED	Date of onset May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	Date of onset 1 week ago
Peritonitis	Date of onset 3 days ago
Other contributory causes of importance:	
Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8785

1. PLACE OF DEATH

County Dorchester
Village or City MadisonRegistration Dist. No. 116

Length of residence in city or town where death occurred

yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Raymond Stanley
Madison

If U. S. Veteran, specify WAR

St. St. Ward. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male color

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan 9 1931

7. AGE Years 6 Months 2 Days 3 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Madison
Md14. BIRTHPLACE (city or town)
(State or country)Madison
Md15. M A I O N N A M E John Lee16. BIRTHPLACE (city or town)
(State or country)Madison
Md17. INFORMANT
(Address)

Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Madison Date Aug 3, 195719. UNOERTAKER
(Address)

Jones S. Stanley (father)

Madison

John Mace Jr.

Registrar

If so, specify

(Signed) Carroll M. St. Clair(Address) One Mile to the

M. D.

(Address)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 2
(Month) (Day), 1937
(Year)22. I HEREBY CERTIFY. That I attended deceased from
July 20, 1937 to Aug 2, 1937
last seen alive on July 20, 1937, 1937; death is said
to have occurred on the date stated above, 10:00 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Bronchopneumonia
PertussisDate of onset
7-20-37

4-2-37

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Carroll M. St. Clair(Address) One Mile to the

M. D.

(Address)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	SEP 4 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8786

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(b) Dual place of residence

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place: Bucktown, Md. Date: Aug. 11, 193719. UNDERTAKER
(Address)

20. FILED: 9-11, 1937

Registration Dist. No. 116

St. Ward

No. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month)

Aug. 9th, 1937 (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb. 15, 1937, to Aug. 9th, 1937. I last saw him alive on March 1st, 1937; death is said to have occurred on the date stated above, 8:00 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute tubular about
Acute heart March
15th 1937
Date of onset

Other contributory causes of importance:

of tuberculosis
of lungs.

Name of operation: None Date: None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	SEP 4 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1922

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

8787

1. PLACE OF DEATH

County

Baltimore WITHIN CORPORATE LIMITS OF

130

Registration Dist. No. 116

Village or City

Cambridge Md.

St.

Ward

Length of residence in city or town where death occurred

Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Jack Faw Wally

If U. S. Veteran, specify WAR

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 4, 1935

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

4

3

25

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Cambridge

MOTHER FATHER

Gorman Wally

14. BIRTHPLACE (city or town)
(State or country)

Cambridge

15. MAIDEN NAME

Elizabeth Wally

16. BIRTHPLACE (city or town)
(State or country)

Cambridge

17. INFORMANT
(Address)

Gorman Wally

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge 2nd Date: May 31, 1937

19. UNDERTAKER
(Address)

Frank E. Albright

20. FILED: 8-31, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 9, 1937

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
Aug 9, 1937, to Aug 9, 1937.I last saw him alive on Aug 9, 1937, death is said
to have occurred on the date stated above, at 9:45 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Acute Typhemia due to
Cerebral Hemorrhage
Dysentery with
Extreme general collapse
and shockDate of onset
Aug 9, 1937
Aug 9, 1937
Aug 9, 1937
Aug 9, 1937

Other Contributory Causes of importance:

(Cough) Acute - unknown
Type of dysentery: Catarhal. C. & A.

Name of operation: none Date of:

What test confirmed diagnosis: Clinical Was there an autopsy: no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury: 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Injury

Manner of Injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no

Also, specify: none

(Signed) Alfred Albright M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	SEP 4 1927	1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN